

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-870)						SERIAL NO.		APPLICANT(S)	
						CLAIMS			
	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT				
	WFO.	OCF.	WFO.	OCF.	WFO.	OCF.	WFO.	OCF.	WFO.
1							61		
2							62		
3							63		
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40							100		
41									
42									
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45									
46									
47									
48									
49									
50									
TOTAL WFO.	3						TOTAL WFO.		
TOTAL OCF.	15						TOTAL OCF.		
TOTAL	18						TOTAL		